

# ACTION RESEARCH BRIEF

Supporting student and employee mental health using evidence-based practices



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## Abstract

COVID-19 exacerbated an already emerging crisis of mental health for secondary and postsecondary students across the United States. Within the college context, mental health conditions negatively affect a student’s academic experience, and reduce their likelihood of graduating. This action research brief summarizes evidence-based practices that support student and employee mental wellness. This information was gathered from interviews with Wisconsin Technical College staff and a review of mental health research within college settings. The aim of this project is to provide actionable strategies for implementing and scaling mental health supports across each Wisconsin Technical College.

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*If you're depressed, going through a hard time, need to talk, or thinking about suicide, there is help. Call or text 988 or start an online chat at [988lifeline.org/chat](https://988lifeline.org/chat). For deaf and hard of hearing services use preferred relay service or dial 711, then 988.*

## Introduction

Secondary and postsecondary students in the United States are experiencing a mental health crisis.<sup>1</sup> Even prior to the pandemic, rates of mental health challenges including despair, thoughts of suicide and depression had been steadily rising. The national youth risk behavior survey of high school seniors showed a 40% increase in thoughts of despair and sadness, a 36% increase in thoughts of suicide, and a 44% increase in creating plans for suicide from 2009 to 2019.<sup>2</sup> At the same time, opioid substance abuse and deaths increased with the opioid epidemic, with the highest rate of opioid misuse among 18 to 25-year-olds.<sup>3</sup> Since the pandemic, there has been a sharp increase in anxiety, depression, thoughts of suicide and burnout.<sup>4,5,6</sup>

This increase in mental health disorders is straining an already taxed system for mental health treatment. Even in Fall 2019, the depression and anxiety treatment gap (difference between the number of individuals in need of care and those who receive it) was 44% for college students.<sup>7</sup> Left untreated, mental health disorders pose a serious risk to a students' wellbeing, academic success and outcomes. Students with depression are two times more likely to stop out of college without graduating compared with their peers.<sup>8</sup>

Rates of mental health challenges and participation in treatment vary across student groups and identities. Mental health challenges are highest among students from low socioeconomic backgrounds, nonbinary gender identities, and LGBTQ+ identities.<sup>1,7</sup> Mental health challenges also vary across race/ethnicity groups. Black high school students are twice as likely to die by suicide compared with White peers.<sup>1</sup> Evidence also shows that particular student groups in need of clinical mental health support, have disproportionately lower participation in mental health treatment, including students of color, cisgender male students, international students, students from low socioeconomic backgrounds and first-generation students.<sup>7</sup>

Supporting students are faculty, staff and college mental health care teams, who have also all been impacted by the pandemic and experiencing higher rates of burnout, stress and turnover.<sup>9</sup> Surveys of U.S. faculty have found that rates of stress have increased from 32% in 2019 to 70% in 2020.<sup>10,11</sup> Altogether, mental health for both students and employees poses a critical challenge for higher education institutions.

This action research project gathered qualitative data on mental health supports, practices and barriers across Wisconsin Technical Colleges. We conducted interviews with teams of individuals working at the five colleges that received a Perkins Reserve Mental Health grant (Waukesha County Technical College, Chippewa Valley Technical College, Mid-State Technical College, Blackhawk Technical College, Nicolet College) as well as staff from four colleges with established mental health programs (Fox Valley Technical College, Northeast Wisconsin Technical College, Madison College, Northcentral Technical College). We also reviewed the mental health literature for evidence-based practices in supporting mental wellness in college settings. The aim of this project is to provide actionable strategies for implementing and scaling mental health supports across each Wisconsin Technical College.

The following practices have been prioritized into three categories: (1) lower resource cost and effective at improving mental health, (2) higher resource cost and even more effective at improving mental health, and (3) activities that are not supported by research in improving mental health. For many of these practices there are a spectrum of options available, with options that could be relatively easy to implement depending on what is already in place at the college (e.g., adding mental health screening question to an existing student onboarding survey) and options that could require more resources to adopt (e.g., mental health screening within each student's first session with academic advisors). Ultimately, aligning different practices together within a mental health plan for the college will likely be most effective in supporting and improving mental wellness.

## Effective Practices, Lower Resource Cost

### Positive mental health messaging

#### *President/leadership*

To show support for and normalize mental wellness, college leadership can provide positive messaging regarding student and employee mental health (see [2022 Active Minds Healthy Campus Award](#) report). This communication should be inclusive and use person-first and asset-based language. See the [Well Beings Mental Health Language Guide](#) and [WTCS Creating Inclusive Spaces: A Resource Guide](#) for more information.

#### *Communication plan*

To increase awareness of the importance of mental wellness and available supports at the college and to decrease mental health stigma, colleges can implement communication plans for mental health and strategically embed mental health information across the college. Communication plans can include activities in many forms and modes of delivery. Some examples include a Mental Health Talks podcast from FVTC, Photo Voice Project from NWTC in which students provide anonymous submissions highlighting mental health in their lives, social media campaigns in partnership with student life, marketing and student organizations, and inclusive mental health signs and information around campus ([Appendix C](#)).

### Collecting and using mental health data

#### *Screening*

Research shows that screening students for mental health challenges with an active referral method for mental health supports and counseling is effective at increasing the number of students engaged in mental health treatment and improving their clinical outcomes (see [screening](#)). This screening should happen early in the admissions or preadmissions process and could be done via a survey, self-paced online platform or discussion (e.g., first meeting with advisor). Ideally this screening would be mandatory, fully accessible to students (e.g., remove language barriers, internet access barriers if online) and could be assessed for all new students or focus on students at greater risk (e.g., low socioeconomic background). If using an online platform or survey, a list of mental health support options that are available for students should be provided, both during and outside of traditional work hours. The active referral is important and should happen in a timely manner and ideally the referral would be personalized to the student. See [Supporting the Whole Student](#) from Active Minds for more guidance.

### *Mental health service data*

To inform college mental health programming, follow up surveys can be sent to students who engage with mental health services at the college to assess how the service impacted their academic success (e.g., has counseling helped them stay enrolled?), how their experience was with the service and whether improvements could be made. In addition to mental health service utilization data and mental wellness survey data (e.g., Health Minds Survey, National College Health Assessment), this information can also be used to evaluate the return on investment for mental health programming at the college and where to best invest resources (mental health staffing, location of services, mode of service delivery, etc.), and for internal and external advocacy for mental health resources at the college. For example, mental health data could be leveraged in grant applications and work with external partners to secure additional funding and resources for mental health investments (e.g., see [WCTC infographic](#)). See the [Healthy Minds return on investment calculator](#) for help with preliminary analyses regarding mental health services and programs. In addition, this information can be shared with the larger college community to start conversations regarding mental health, demonstrate the impact of this work, focus action for mental health programming, and communicate a strategic plan for mental health across the college. See the [Key Findings From the 2022 Active Minds Healthy Campus Award](#) report for more ideas.

### *Collecting student and employee voice*

Gathering authentic student and employee voices to inform mental health strategies is key to ensuring these efforts are successful. Examples of methods to gather this input include focus groups, climate surveys, listening sessions with town hall events for comments, including students and employees on steering/planning committees, and providing opportunities for students and employees to lead components of the mental health programming (e.g., having students promote mental health supports within first-year experience classes). See [Supporting the Whole Student](#) and the [2022 Active Minds Healthy Campus Award](#) report for more information. To make this gathering of voice most effective, colleges should ensure that students and employees have the support and resources needed to engage in these opportunities and that the whole community is included (e.g., adult education and English language learning students are included, not just postsecondary program students).

## Embedding mental health in curriculum

### *First-year experience*

Mental wellness information and coping skills can be provided within first-year experience courses. This inclusion of mental health within the classroom has been shown to have positive effects on student mental health and to reduce stress (see [learning environment interventions](#)). Examples of embedding mental health within courses include providing mental health supports and resources within the syllabus, assigning selfcare activities as homework, starting class with a 90-second mindfulness practice, and actively checking in with students regarding mental health (stress levels, sleep, etc.). See [Creating a Culture of Caring](#) for more information. Mindfulness practices have strong evidence of effectiveness in reducing depression, anxiety, stress, psychological distress, and increasing social emotional skills and academic performance (see [supervised skill-training](#)).

### *Belonging intervention*

Interventions that promote student belonging in their college, program, and courses have strong evidence for improving student mental wellness (see [belonging](#)). Even short interventions (e.g., 30-minute module) have provided long-term benefits for a student's psychological wellbeing and can help close student equity gaps. See the [Belonging for Educators](#) course from the PERTS Mindset Kit for ideas on how to promote belonging within courses and consider providing the [social belonging for college students](#) 30-minute module within first-year experience courses.

### *Mental health best practices in all courses*

Moving beyond first-year experience courses, mental wellness information and coping skills can be embedded within course curriculum for all courses across the college. See the examples of embedding mental health, above. In addition, courses across the college can use assessment practices that reduce stress (e.g., setting deadlines that encourage students to get enough sleep). The movement to short academic terms (e.g., 8 weeks) can reduce the time within class that is available for embedding mental wellness information and skill training. In addition, the intensity of these classes may decrease the students' time outside of class for additional college engagement activities (e.g., student organizations, seeking treatment for mental health).

### **College policies**

Historic college policies can often unintentionally conflict with promoting mental wellness for students and employees. Cross-functional college teams can review and audit existing college policies through a mental health and equity lens to identify areas in need of improvement to support student and employee wellness. Key policies to review include medical leave/leave of absence and readmission requirements, sexual assault policies, medical amnesty, financial aid, and diversity, equity and inclusion policies (e.g., gender neutral bathrooms, see [college policies](#)). The [Jed Campus Program](#) through the Jed Foundation can help with this work and they may also have funding available to help cover the cost of participating in this program. Also see guidance from the Jed Foundation regarding [Student Mental Health and the Law](#) in college policies and procedures. Additional considerations include adding crisis lines (e.g., 988) to student and employee ID cards, reviewing all campus spaces to reduce access to means of suicide (e.g., blocking rooftop access; see [physical environment interventions](#)), and evaluating campus policing resources (see [public safety and policing](#)). Within this policy work, colleges can engage student and employee input and feedback.

## More Effective Practices, Higher Resource Cost

### **Peer-support**

Research has shown that peer-led support groups and interventions can be as effective at improving mental health outcomes of participants as professional-led interventions (see [peer-support](#)). Peer-support interventions could provide peer-counseling services themselves or focus on preventative measures to promote wellness, belonging and social support, thereby alleviating the need for clinical counselling. Important aspects of peer-support programs include robust training for peer supporters (what to do in a mental health crisis, how to take care of themselves while supporting others, clear guidance on their role as a peer supporter, signs of mental health distress, effective referral to supports, etc.) with supervision and oversight from the college mental healthcare team. Peer-support programs can also help address challenges resulting from lack of diversity in college mental healthcare

teams, since participating students are more likely to find peer support from individuals with shared lived experience and identities. For evidence-based guidance on developing peer support programs see [resources from the Substance Abuse and Mental Health Services Administration](#) (SAMSHA). For research on peer support programs in colleges along with links to peer support training resources, see [Peer Counseling in College Mental Health](#) and a [corresponding article from Inside Higher Education](#). Also see an example [Peer Counseling Program from Hamilton College](#) and a webinar from Mental Health America on [Launching Peer Support Programs on College Campuses](#).

### Embedding mental health staff

Embedded mental health staff within student organizations and high-stress programs can target mental health services and referrals to students most in need of support. Mental health staff could include counselors or individuals with mental health training, including mentors, faculty and navigators. This practice not only increases awareness of and potential referral for mental health supports, but also provides opportunities for students to develop mentors within the college and access identity-based support. Research shows that students with natural mentors within college have lower psychological distress and better academic outcomes (see [faculty and staff mentors](#)). See an [example of embedding clinical therapists within a nursing program](#) and an [example of embedding clinicians in multiple programs and campus locations](#). Identity-based support within student organizations (e.g., Sexuality and Gender Alliance) can provide empowered messages, social belonging, and help buffer individuals against the negative mental health impacts of discrimination (see [identity-based support](#)). While there are just a few studies on identity-support interventions and effects on mental health, the existing research shows promising results.

### Mental healthcare team

A best practice to support mental health across the college is having a dedicated mental healthcare team consisting of both clinical and non-clinical, case-management staff. This team should also include accommodations staff since there is an important intersection between mental health cases that should be referred to counselors, accommodation specialists, and often both, for support. This team could also have access to and/or manage the emergency assistance funding to provide to students as needed. Ideally this team would reflect the diversity of the student body (e.g., race/ethnicity, speaking languages other than English), which has been shown to improve participation in mental health supports by individuals with minoritized identities.<sup>12</sup> For more guidance, see the Jed Foundation's [Balancing Safety and Support on Campus: A Guide for Campus Teams](#). In addition to this team of college mental healthcare staff, virtual mental health support can be provided through third parties (e.g., [Better Mynd](#)) which can help with student access for mental health supports, overcoming challenges with licensing across state lines for remote students, and providing support from a diverse team of licensed counselors. To remove access barriers, translation services should be available for individuals receiving and reaching out for mental health services. To help support the effectiveness and work of this mental healthcare team, there should be a clear referral process for college faculty and staff with an understanding of what student needs clinicians can and cannot address. See [Creating a Culture of Caring](#) for guidance on referrals and examples on the referral process from [University of Oregon](#), [Rutgers University](#), and [Pasadena City College](#).



## Practices without Demonstrated Effectiveness

### Information-based training

A common aspect of mental health work at colleges involves training faculty, staff and students on mental health topics. While this work has become more common, the benefits of mental health education alone without a broader strategic framework for mental wellness that includes skills training, remains unfounded. For example, one-off educational programs that solely provide information on mental health (e.g., common stressors in college, mental health symptom information, mental health literacy) without engaging in mental health practice (e.g., learning and using coping skills) has been shown to be not effective at improving help-seeking behavior, reducing mental health stigma nor improving college student mental health (see [psychoeducational](#)).

### Mental health gatekeeper training

Programs that train individuals to become mental health ‘gatekeepers’ who can identify people experiencing mental health challenges and refer them to supports, such as Mental Health First Aid or Question, Persuade, Refer, have been shown to increase the mental health understanding of participants and their intent to help others. Yet, findings show that this change in intent does not appear to result in a change in *behavior* and actually referring individuals to mental health supports (see [gatekeeper training](#)). Research on gatekeeper programs in colleges have not evaluated college-level mental health metrics or well-being, and often lack information on referrals to support. Most research focuses on the knowledge, intent and sometimes the behavior of participants. While these one-time gatekeeper training opportunities may not be as effective as originally thought, experts suggest that providing the training with a longer-term community of practice that has engaged follow-up and support for trained gatekeepers may be more effective at influencing behavior.<sup>7</sup> Another issue with these typical training opportunities is that they are reactive rather than proactive in supporting mental wellness in the college community (see [Supporting the Whole Student](#)). Proactive work could involve cultural competence training for faculty and staff, inclusive and student-centered teaching practices (see [Colorado’s Equity Toolkit](#)), belonging interventions, and embedding mental wellness within curriculum (e.g., mindfulness practice).

## Leveraging Partnerships to Support Mental Wellness

In many of the above practices, colleges can leverage external partnerships for this work to help reduce resource needs and costs. A few examples of these partnerships include providing mental health clinical services and access to medication. For clinical services, colleges can contract with third parties for online mental health services (e.g., BetterMynd and Virtual Care Group), partner with community-based organizations and government agencies, and/or provide referral services. See example practices from Barstow Community College in the [2022 Active Minds award report](#). Barstow Community College partners with the local county’s Department of Behavioral Health, which has admitting rights to the local psychiatric hospital for mental health emergencies. The college also added the [CareSolace](#) case management system for referral to services for students and employees. Within CareSolace, case managers work with each person to understand their specific needs and financial/healthcare situation (e.g., access to health insurance) to find local providers and set up the initial appointment.

Getting access to mental health medication for students is another challenge that can be overcome with external partners. NWTC partners with their local integrated health care delivery system in Northeastern Wisconsin, to provide medication access to referred students. There is a health provider directly on campus (“Campus Care”) who can help students get access to these medications. In this process, the student must be uninsured to access Campus Care for psychotropic medication. In those situations, the partner provider will offer longer term medication management. If a student has insurance but there is a long wait for an appointment in the community, then they can see the Campus Care provider for medication, however the student consents in writing, affirming that they know they must transition to a community provider as scheduled. The student also has to have a referral from counseling services before they can schedule an appointment for medication, and they have to maintain at least one appointment per semester with a counselor for a check in while they are working with Campus Care.

## Conclusion

While there are many evidence-based practices to support mental health for both students and employees, the mental health programming and approach that each Wisconsin Technical College takes will likely differ to best serve their local community, needs and context. The Wisconsin Technical College System office has several resources and opportunities to support mental health work. These resources include the Working As One series on ‘[A Year of Mental Health](#)’ in the 2022-23 academic year. This series includes monthly online sessions addressing various mental health professional learning topics. Also, the [WTCS Innovative Practices](#) has guidance on supporting student and employee mental health that includes a [WTCS Voices podcast](#) interview with two technical college students on their experience. Several [WTCS grants](#) can be leveraged for mental health work (e.g., Perkins Student Success, Perkins Capacity Building for Equity & Inclusion, State Completion Grant). In addition, there are federal grants that support mental health programming at colleges. See the [Garrett Lee Smith Campus Suicide Prevention Grant Program](#) for more information. Lastly, the WTCS Education Director of Student Success helps to coordinate communities of practice and sharing for mental health counselors and staff across the System.



## College Mental Health Inventory and Discussion Questions

Before implementing additional mental health practices, colleges should take an inventory of mental health programming and supports to understand the starting point for this work and the end goal.

Questions to consider, include:

- Which students will be provided with mental health supports (program students, course takers, adult education students, English language learning students, justice-involved students, dual enrollment students, etc.)?
- How will college employees be involved and supported in mental wellness?
- What mental health data does the college currently collect and have? What does this information show (e.g., are there particular student populations in more need of supports)? What needs are present in the data?
- What resources does the college currently have available to support mental health? What has been developed already or what resources could be leveraged in support of this work?
- How can college partnerships help support this work?

### Discussion Questions

Within your role, what are the mental health needs that you have noticed across the college?

Within your role, how can you support and advocate for mental wellness for students and employees?

Within your local communities, what opportunities exist for creating new and expanding existing external partnerships to support mental wellness across the college?

Given the practices identified within this action research brief, what next step would you like your office, department or college to take in supporting mental wellness?

## Appendix A: Additional Resources

### Resources for Everyone:

[WTCS Working as One: A Year of Mental Health](#) includes a series of monthly sessions on mental health topics during the 2022-23 academic year, including resources and recordings.

[Free mental wellbeing tools](#) from The Wellness Society, including a daily mental health journal, self-care activities inspiration, online guide for trauma survivors, etc.

[Finding What Helps](#) from the Centers for Disease Control and Prevention provides a resource guide for coping with stress, grief and loss.

[Navigating a Mental Health Crisis](#) from National Alliance on Mental Health (NAMI). Also available in Spanish.

[Mindfulness for adults](#) from the Greater Good Science Center.

### Resources for Students:

[Mental Health College Guide](#) from the Jed Foundation and NAMI that provides guidance on navigating college and life changes.

### Resources for College Employees:

[Wellbeing Action Plan](#) from Koa Health provides a conversation guide for employees and their supervisors to understand what factors most influence their wellbeing and how to manage these.

[Mindfulness resources](#) for teachers from Calm, including '[30 Days of Mindfulness in the Classroom](#)' and '[Self Care Guide for Teachers](#).'

[Faculty Guide to Supporting Student Mental Health](#) from the Jed Foundation.

[Stress Management for Educators](#) from the Greater Good Science Center.

### Resources for College Leaders:

[8 Ways Managers Can Support Employees' Mental Health](#) from Harvard Business Review provides recommendations and considerations.

[Advancing Comprehensive School Mental Health Systems: Recommendations from the field](#) from the National Center for School Mental Health is written for K12 leaders but has applicable information and guidance for postsecondary.

## Appendix B: Table of Evidence-Based Practices

The table below summarizes public health practices identified by Abelson et al. (2022) that focus on promoting mental health and wellness with information regarding the amount of research evidence currently available for the practice within a college context and the primary result from the research on the effect of the practice on student mental wellness.<sup>7</sup>

<b>Intervention</b>	<b>Amount of evidence within a college context</b>	<b>Effect on campus mental health</b>
<b>Psychoeducational:</b> educational programs/sessions that provide information on mental health (e.g., common stressors in college, mental health symptom information, mental health literacy)	A lot	Not effective at improving help-seeking behavior, reducing mental health stigma nor improving college student mental health
<b>Supervised skill-training:</b> combination of practicing key mental health behaviors (e.g., relaxation, cognitive-behavioral) with supportive feedback, ideally over multiple skill-training sessions	Moderate to a lot	Moderate effects in reducing depression, anxiety, stress, psychological distress, and increasing social emotional skills and academic performance. <i>Mindfulness meditation interventions are the most successful at promoting campus mental health.</i>
<b>Identity-support:</b> interventions that provide empowered messages and support based on identity (gender, race/ethnicity, etc.)	A little	In the few studies in this area, there are promising positive effects on mental health (e.g., pilot program for Black women that used aspects of Acceptance and Commitment Therapy, decreased the participants psychological distress). More research is needed.
<b>Peer support and education:</b> student-run programs to promote mental wellness and/or peer-led support groups	A little for peer education programs. A lot for peer-led support programs.	<a href="#">Active Minds</a> has shown positive impacts on improving mental health and reducing stigma. Peer-led support groups have been shown to be as effective as support groups provided by staff. One peer-led support group model, the <a href="#">Body Project</a> , has strong evidence for improving body acceptance and reducing eating disorder symptoms in young women.

<b>Intervention</b>	<b>Amount of evidence within a college context</b>	<b>Effect on campus mental health</b>
<b>Faculty and staff mentors:</b> <i>mentorship/advising programs that pair faculty/staff with students or proactive training for faculty/staff on cultural competence and inclusion (e.g., Ally training programs)</i>	A little	Research shows that students with natural mentors (faculty/staff) have lower psychological distress and better academic outcomes. Ally training programs have not been studied extensively in higher education for mental health outcomes, but in secondary schools there is some evidence for creating safe and supportive environments that can help mental wellness.
<b>Belonging:</b> <i>interventions that focus on enhancing student belonging in their college community, program, etc.</i>	Moderate to a lot	Belonging interventions have demonstrated positive effects on student health and psychological wellbeing and can help close student equity gaps. Even brief belonging interventions can result in long-term mental health benefits for students. E.g., 30-minute <a href="#">Social-Belonging for College Students</a> program
<b>Gatekeeper training:</b> <i>trainings that teach students, faculty and/or staff how to identify mental health warning signs and refer individuals for support (e.g., QPR: Question, Persuade, Refer; Mental Health First Aid)</i>	Moderate	Gatekeeper trainings have been shown to increase self-efficacy and mental health knowledge for trainees, yet there is little to no evidence that the trainees' actual skills and behaviors change to improve referral of individuals to mental health supports. Most gatekeeper training studies focus on self-reported outcomes for trainees without analyzing college-level mental health, well-being, and referrals to support.
<b>Mental health screening:</b> <i>screening students for mental health symptoms and suicidal thoughts and subsequently connecting at-risk students to mental health care and support</i>	Moderate to a lot	Mental health screening programs with active referral for treatment have been shown to increase the number of students in active treatment for mental health and improve their clinical outcomes.

<b>Intervention</b>	<b>Amount of evidence within a college context</b>	<b>Effect on campus mental health</b>
<b>College-wide interventions the combine gatekeeper training, screening and other components</b>	Moderate	Mixed results. The Air Force Suicide Prevention Program has documented success in increasing mental health help-seeking behavior and reducing suicide attempts in communities but has not been evaluated in a college context. MindWise, a 2-year college-wide intervention showed little to no significant effects on students' mental health. The Signs of Suicide Prevention Program in grade schools resulted in lower rates of attempted suicides.
<b>Post-crisis interventions: interventions during or following a mental health crisis (e.g., a student suicide death) or other type of crisis (e.g., natural disaster, police shooting)</b>	Little to moderate for interventions following a student suicide death	Research shows limited effects of post-crisis interventions with no evidence that interventions following a suicide death help to decrease the risk of suicide attempts in the student body. There is some evidence though that outreach at the location of the suicide death and connected individuals can be effective in encouraging survivors to participate in mental health support programs.
<b>Learning environment interventions: adapting college curriculum, assessment practices and pedagogy to promote mental health</b>	Little to moderate	Courses focused on mental wellbeing (wellness, mindfulness, positive psychology) have demonstrated positive effects on students' mental health and stress management. Pass/fail grading has been shown to reduce student anxiety and stress levels. Student-centered curriculum has been shown to decrease student distress in a nursing program.

<b>Intervention</b>	<b>Amount of evidence within a college context</b>	<b>Effect on campus mental health</b>
<i>Physical environment: promoting mental wellbeing through means restriction and creating wellness physical spaces on campus</i>	A lot for means restriction. Little for wellness spaces.	Means restriction has documented success in reducing suicide death. Examples of means restrictions: restricting gun possession/carrying on campus, restricting access to college labs and toxic substances, securing high spaces (e.g., rooftops) with alarms and barriers, using limited weight-bearing structures to prevent hangings (e.g., breakaway closet rods in college housing), hosting drug take-back programs. While there are evidence-based design methods for built environments to promote health and wellness (e.g., <a href="#">WELL Building Standard</a> ), these have not been evaluated for effects in college settings.
<i>College policies: leave of absence, financial aid, diversity, equity and inclusion, etc.</i>	A little	Medical amnesty policies have been shown to improve campus climate and help-seeking behavior in emergencies. One study showed that a policy that required four sessions of professional mental health support rather than leave of absence for students at-risk for attempting suicide helped to decrease rates of suicide. Gender-inclusive bathrooms and the ability for students to update their name and pronouns has shown improvements in the mental wellbeing of gender minority students. Access to financial aid has been shown to decrease student anxiety, yet programs with academic requirements (e.g., GPA cutoffs) can increase depressive symptoms in students.
<i>Public safety and policing: campus law enforcement agencies</i>	Moderate evidence, mostly outside of a college context	Both direct and indirect contact with police officers has been shown to harm mental health, especially for people of color. Research is needed within the college context.



## Appendix C: Mental Health Communication Examples

### Photo Voice Project

*When I'm feeling overwhelmed and the anxiety makes me want to stay in bed, I focus on one step at a time. Instead of feeling frustrated that I only took two steps, I celebrate that I took two steps.*



### Mental Health Talks Series

## MENTAL HEALTH MINI-SERIES

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Join these mini-series for discussions on how you can help yourself and others.

**LIFE SCORES THAT BLOW OFF DOORS: CONCEPTS THAT CHANGE YOU**  
September 21 - 10-11 AM (Virtual)

**SELF CARE IS IN THE AIR**  
October 26 - 10-11 AM (Virtual)

**HURT: WORKING WITH DEPRESSION**  
November 16 - 10-11 AM (Virtual)

**OVERKILL: MANAGING STRESS & THE ANXIOUS MIND**  
December 14 - 10-11 AM (Virtual)

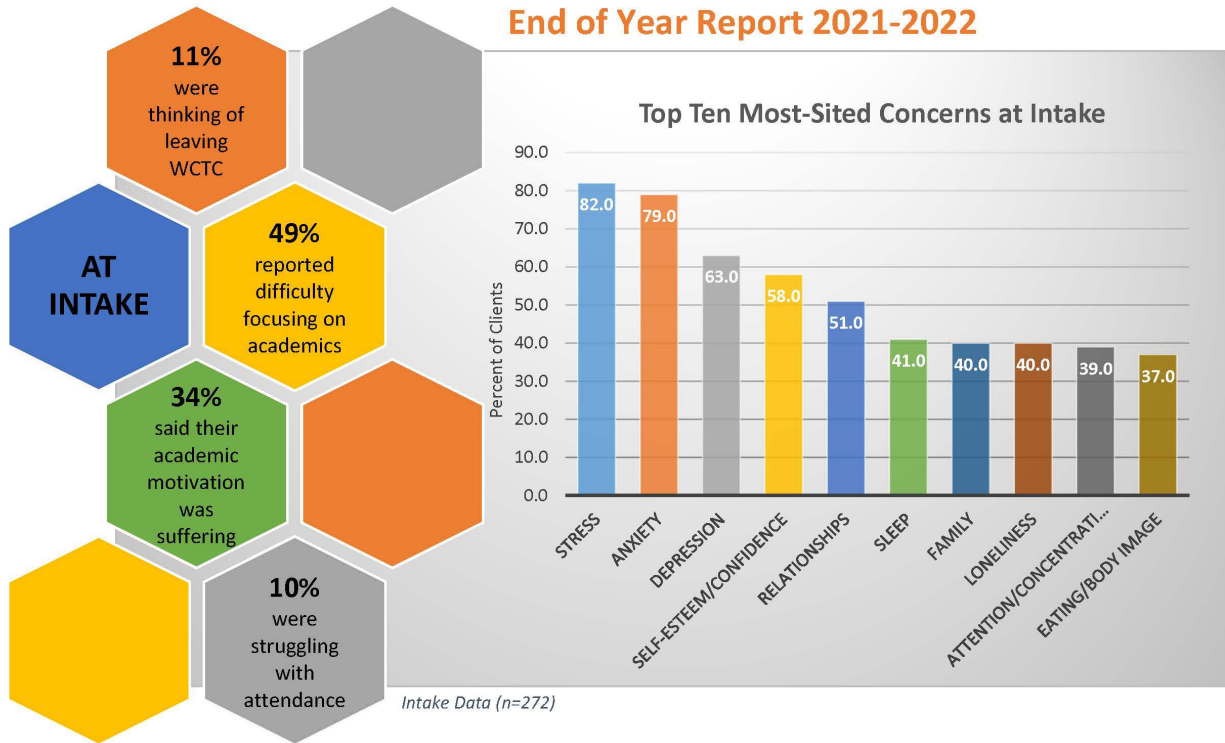
 **INSTRUCTIONAL EXCELLENCE & STUDENT SUCCESS FOAS CREDIT**

**Click to Enroll**



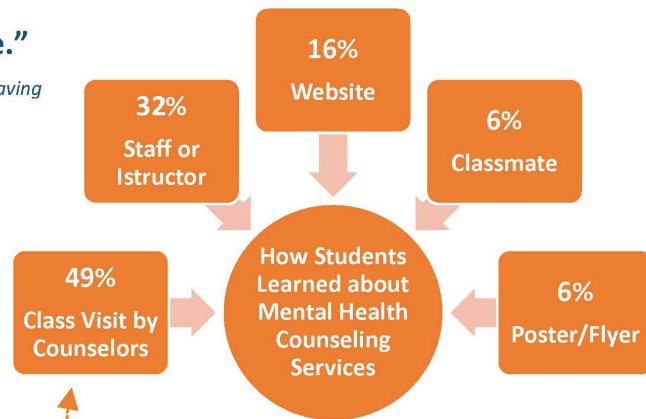
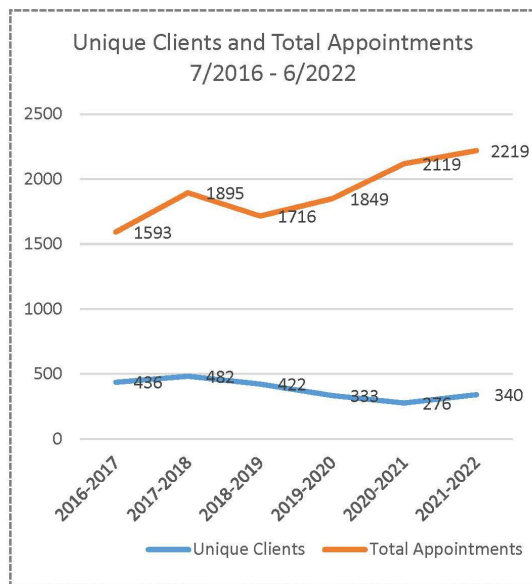
## WCTC Mental Health Counseling Services

### End of Year Report 2021-2022

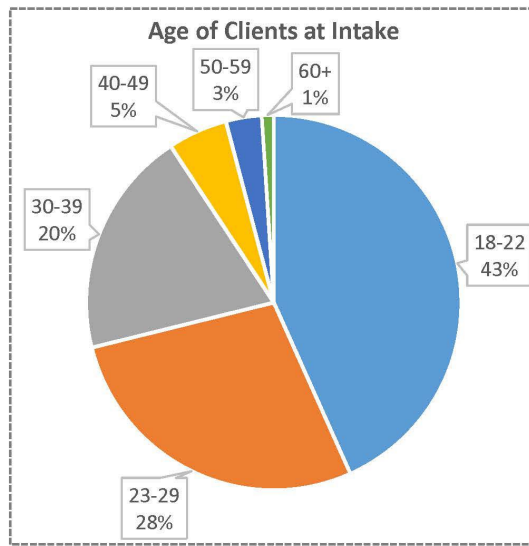
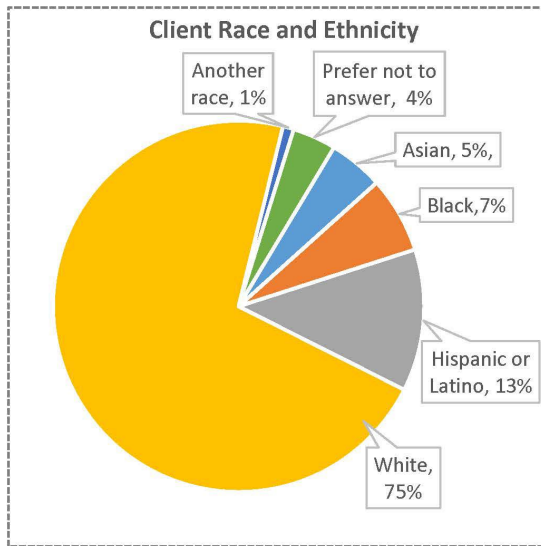


**“I have thoughts of ending my life.”**

**125 students** who completed an intake reported having this thought within the prior two weeks.



Lori, Jasmin, Amy, Noelle, & Sofia



### OUTREACH, PREVENTION, EDUCATION, AND ADDITIONAL SUPPORT

**58**  
Individuals trained in  
Suicide Prevention

Summer  
Dialectical Behavioral  
Therapy Group

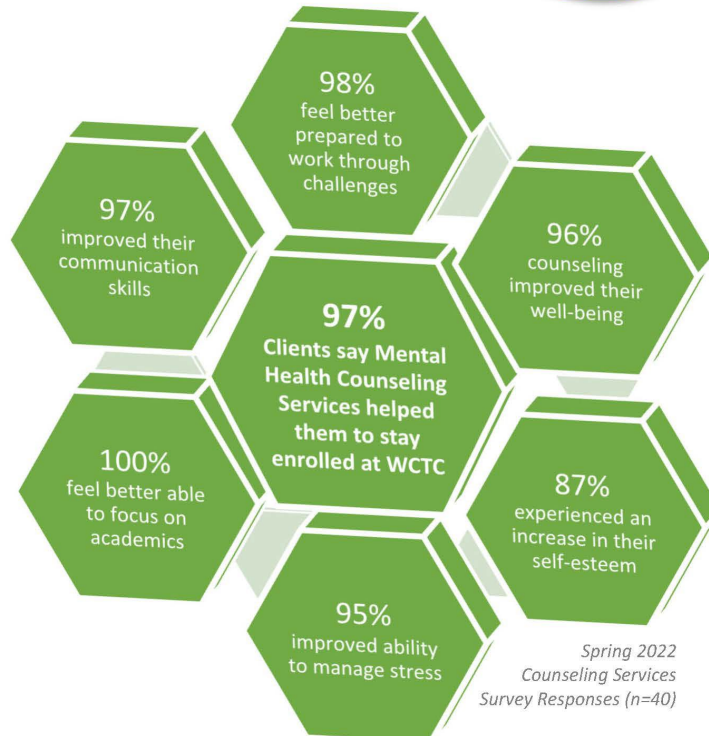
**79**  
Students Participated  
in Mental Health and  
Alcohol Use  
Screenings

**278**  
Class Visits

**66**  
Critical Life Skill  
Workshops

Student and Faculty/Staff Newsletters

Online Tools and Resources



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- <sup>1</sup> The U.S. Surgeon General's Advisory. 2021. [Protecting Youth Mental Health](#). U.S. Public Health Service.
- <sup>2</sup> Centers for Disease Control and Prevention. 2020. [Youth Risk Behavior Survey: Data summary and trends report 2009-2019](#). U.S. Department of Health & Human Services.
- <sup>3</sup> Centers for Disease Control and Prevention. 2019. [Annual Surveillance Report of Drug-related Risks and Outcomes - United States Surveillance Special Report](#). U.S. Department of Health & Human Services
- <sup>4</sup> World Health Organization. 2022. [COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide](#). News Release.
- <sup>5</sup> Czeisler MÉ , Lane RI, Petrosky E, et al. 2020. [Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic](#). Morbidity and Mortality Weekly Report 2020. Vol 69:1049-1057. Centers for Disease Control and Prevention.
- <sup>6</sup> Beheshti, Naz. 2021. [The Pandemic has Created a New Kind of Burnout, Which Makes Well-being More Critical than Ever](#). Forbes.
- <sup>7</sup> Abelson, S, SK Lipson, and D Eisenberg. 2022. [Mental Health in College Populations: A Multidisciplinary Review of What Works, Evidence Gaps, and Paths Forward](#). In: Perna, L.W. (eds) Higher Education: Handbook of Theory and Research. Vol 37. Springer.
- <sup>8</sup> Eisenberg, DE Golberstein and JB Hunt. 2009. [Mental Health and Academic Success in College](#). The B.E. Journal of Economic Analysis & Policy. Vol 9(1).
- <sup>9</sup> Lederman, D. 2022. [Turnover, Burnout and Demoralization in Higher Ed](#). Inside Higher Ed.
- <sup>10</sup> Fidelity Brokerage Services LLC. 2020. [On the Verge of Burnout: COVID-19's impact on faculty wellbeing and career plans](#). The Chronicle of Higher Education.
- <sup>11</sup> Gewin, V. 2021. [Pandemic Burnout is Rampant in Academia](#). Nature. Vol 591.
- <sup>12</sup> Anderson, MS. [Barriers to the Utilization of Mental Health Services on College Campuses by African-American Students](#). McNair Scholars Research Journal 11(3).